



*2011 Midlands Area
Combined Federal Campaign*

50 YEARS OF
CARING



Midlands Area CFC Donor Recognition

★ **EAGLE CLUB** - \$1,000 or more
Eagle trophy, leadership pin and
certificate will be awarded to donors at
this level.

★ **FLAG CLUB** - \$500 to \$999
Coffee mug, leadership pin and
certificate will be awarded to donors at
this level.

★ **VICTORY CLUB** - \$240 to \$499
Leadership pin and certificate will be
awarded to donors at this level.

Go online for more charity information at
www.MidlandsAreaCFC.org

*Use payroll deduction—it's the easy way
for everyone to give!*

SUGGESTED GIVING GUIDE

CIVILIAN		MILITARY	
Withhold per Pay Period (26)	Annual Gift Amount	Withhold per Pay Period (12)	Annual Gift Amount
\$1.00	\$26	\$1.00	\$12
\$5.00	\$130	\$5.00	\$60
\$9.50	\$247*	\$10.00	\$120
\$10.00	\$260	\$15.00	\$180
\$12.00	\$312	\$20.00	\$240*
\$14.00	\$364	\$25.00	\$300
\$16.00	\$416	\$30.00	\$360
\$18.00	\$468	\$35.00	\$420
\$19.50	\$507*	\$40.00	\$480
\$20.00	\$520	\$42.00	\$504*
\$25.00	\$650	\$50.00	\$600
\$30.00	\$780	\$60.00	\$720
\$35.00	\$910	\$70.00	\$840
\$40.00	\$1,040*	\$75.00	\$900
\$45.00	\$1,170	\$84.00	\$1,008*

What you give is your voluntary decision.

**Indicates Club Level of Giving*



2011 MIDLANDS AREA COMBINED FEDERAL CAMPAIGN

1800 Main Street, Columbia SC 29201

CFC Campaign
No. **0773**

City/State Code: **45 0520**

ATTENTION PAYROLL OFFICES:
Only use this number to identify
the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER/EMPLOYEE ID
WORK ADDRESS & ZIP CODE					WORK PHONE ()

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution.
Write in the total of your annual contribution in the space provided.

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT
MILITARY PAYROLL Branch of Service? _____		X 12 months	\$
CIVILIAN PAYROLL		X 26 pay periods	\$
Cash/Check Amount: \$ _____ Check Number: _____ (make check payable to the Combined Federal Campaign)		Date of Contribution: _____	

CHARITY CODE

ANNUAL AMOUNT

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

Personal Email Address _____

☐ In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2012 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2012 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

See reverse side for information on volunteer opportunities in your community.

OPM FORM 1654 REV. MAY 2011

PLEASE USE BALLPOINT PEN AND WRITE FIRMLY

COPY #1 - PAYROLL OFFICE



2011 MIDLANDS AREA COMBINED FEDERAL CAMPAIGN

1800 Main Street, Columbia SC 29201

CFC Campaign
No. **0773**

City/State Code: **45 0520**

ATTENTION PAYROLL OFFICES:
Only use this number to identify
the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE
-------------------	-------	----------------	---	---------------------------

WORK ADDRESS & ZIP CODE	WORK PHONE ()
-------------------------	-------------------

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution.
Write in the total of your annual contribution in the space provided.

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT	CHARITY CODE	ANNUAL AMOUNT
MILITARY PAYROLL Branch of Service? _____		X 12 months	\$		
CIVILIAN PAYROLL		X 26 pay periods	\$		
Cash/Check Amount: \$ _____ Check Number: _____ (make check payable to the Combined Federal Campaign)			Date of Contribution: _____		

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

Personal Email Address _____

☐ In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2012 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2012 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

See reverse side for information on volunteer opportunities in your community.

OPM FORM 1654 REV. MAY 2011

PLEASE USE BALLPOINT PEN AND WRITE FIRMLY

COPY #2 - TO THE CENTRAL RECEIPT POINT



2011 MIDLANDS AREA COMBINED FEDERAL CAMPAIGN

1800 Main Street, Columbia SC 29201

CFC Campaign
No. **0773**

City/State Code: **45 0520**

ATTENTION PAYROLL OFFICES:
Only use this number to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE
-------------------	-------	----------------	---	---------------------------

WORK ADDRESS & ZIP CODE	WORK PHONE ()
-------------------------	-------------------

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT	CHARITY CODE	ANNUAL AMOUNT
MILITARY PAYROLL Branch of Service? _____		X 12 months	\$		
CIVILIAN PAYROLL		X 26 pay periods	\$		
Cash/Check Amount: \$ _____ Check Number: _____			Date of Contribution: _____		
(make check payable to the Combined Federal Campaign)					

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

Personal Email Address _____

☐ In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2012 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2012 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

See reverse side for information on volunteer opportunities in your community.

OPM FORM 1654 REV. MAY 2011

PLEASE USE BALLPOINT PEN AND WRITE FIRMLY

COPY #3 - CONTRIBUTOR - KEEP FOR PERSONAL TAX RECORDS

Privacy Act Notice

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court or another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.

Find a Volunteer Opportunity

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to www.volunteer.gov, enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.